STATE OF HAWAII ACUMBRANCE ADVICE

ENCUMBRANCE ADVICE															
ADVICE NUMBER XXXXXXXX			DATE OF ADVICE MM/DD/YY			VENDOR NUMBER XXXXXXXXXX		SFX XX	EXPECTED DELIVERY DATE MM/DD/YY						
								I .							
SFX XX	TC XXX	F	YR XX	APP XXX	D XX	OBJECT XXXX	COST CENTER XXXX	PROJ NUMBER	R PH	DEPT ACT XXX	ESTIMATED COS			R E V	OPTIONAL DEPARTMENTAL DATA X (22)
701	7001		701	7000	70.0	70001	70000	70000	701	7001	700000000	701			/ (LL)
	DATE:								AUTI	HORIZED	SIGNATURE:				